

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

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8200-62-032728
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **8200-62-032728**

FILED AUG 31 1962

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis		c. CITY OR TOWN WEBSTER GROVES	
c. FULL NAME OF (If NOT in hospital, give location) ENROUTE City Hospital		d. STREET ADDRESS (If outside, give location) 1117 E/M DR.	

3. NAME OF DECEASED (Type or print) LEO H. MOULT, SR	4. DATE OF DEATH AUG 20 1962
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5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH JULY 7 1896	9. AGE (last birthday) 66	10. IF UNDER 1 YEAR Months Days Hours Min.	11. IF UNDER 24 HOURS Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED TELEPHONE EMPLOYEE	10b. KIND OF BUSINESS OR INDUSTRY MISSOURI	12. CITIZEN OF WHAT COUNTRY U-S-A
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13a. FATHER'S NAME GEORGE MOULT	13b. MOTHER'S MAIDEN NAME MARIE UNKER	14. NAME OF HUSBAND OR WIFE Betty Moulton
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. [REDACTED]	17. INFORMANT Betty Moulton - 1117 E/M DR.
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18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion	INTERVAL BETWEEN ONSET AND DEATH 1 day
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Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis	INTERVAL BETWEEN ONSET AND DEATH 3 yrs
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DUE TO (c) 4201	INTERVAL BETWEEN ONSET AND DEATH 4201
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. I attended the deceased from 5-1-1930 to 8/20/62 and last saw him alive on 8/17/62	Death occurred at 11 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE [Signature]	22b. ADDRESS Lirkwood 22. Mo	22c. DATE SIGNED 8/21/62
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23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE AUG 23 1962	23c. NAME OF CEMETERY OR CREMATORY RESURRECTION CEM	23d. LOCATION (City, town, or county) St. Louis Co., Mo.
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24. FUNERAL DIRECTOR Thomas Kuttis 2906 Grannis	25. DATE RECD. BY LOCAL REG. AUG 23 1962	REGISTRAR'S SIGNATURE [Signature]
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Rev. 4/59

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USE BLACK INK
OR
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

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DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

Checked

Am. N. 22 2.

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742-1526

get old from my finger

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Corley Thompson Jr.
Licensed Embalmer No. *4861*

P. O. Address *# 35 Rosemont - Webster Groves 19, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.